

FERTILITY

Fertility Experience

Current levels of fertility presented in Table 2 were estimated with the use of age-specific fertility rates calculated from information collected through the respondents' lifetime pregnancy histories. The total fertility rate (TFR) was computed by accumulating the age-specific fertility rates (ASFRs) and multiplying the sum by five, the number of years in each age group. The TFR is defined as the average number of live births a woman would have during her reproductive lifetime (15–44) if she experienced the currently observed ASFRs. Numerators for the ASFRs are calculated by selecting live births that occurred during the 36-month period preceding the survey and grouping them (in 5-year age groups) by the age of the mother at the reported date of birth. The denominators for the rates represent the number of woman-years lived in each specified 5-year age group during the 3-year period preceding the survey.

As with women in other countries of the region, Albanian women initiate and complete childbearing at an early age. The highest fertility levels are among 20–24 year old and 25–29 year old women, accounting for 32% and 33%, respectively, of the TFR of 2.6. Women aged 35–44 make a minimal contribution to total fertility; only 8% of overall fertility. The adolescent ASFR is very low, only 27 per 1,000, representing 5% of the total fertility. According to the UN Population Data Sheet, 4% of births in Albania occur

among women less than 20 years of age, almost equal to the survey estimate (United Nations [UN], 2003).

The estimated TFR of 2.6 is a bit higher than the rate published by WHO for 2001 (2.4) and the rate of 2.3 published by the UN population Division (World Health Organization [WHO], 2003; UN, 2003). There is no difference in the TFR by urban or rural residence. The TFR for women with a postsecondary education (2.1) is lower than the TFR for those with a primary (2.7) or secondary (2.6) education. Also, the principal childbearing years for women with a postsecondary education are from 25–34 years of age rather than 20–29 years of age.

The TFR of 2.6 is the highest in Europe and higher than the TFR in 10 of the 13 countries in Eastern Europe and the Former Soviet Union that have conducted similar Reproductive Health Surveys (CDC and MACRO, 2003).

Induced Abortion

For several decades one of the most outstanding demographic features of most of the Eastern European countries has been the high reliance on induced abortion as a means of birth prevention (David, 1992). In recent years, abortion rates and ratios in many of these countries have been among the highest in the world. However, since 1990, data show that an increase in modern contraception has been associated with a decline in abortion in many countries of

the region (Westoff, 2000; Westoff, et al., 1998; 2002; CDC and MACRO, 2003).

As with the calculation of ASFRs, age-specific induced abortion rates (ASIARs) are calculated by using the age of the woman at age of pregnancy termination. In Table 3, the number of induced abortions per 1,000 live births reported in the reproductive health survey for the three years prior to the survey is compared with the official data reported to the Institute of Statistics (INSTAT) for 1999–2001. The survey rate of 73 abortions per 1,000 live births is 64% lower than the official data of 200 per 1,000 live births (three-year average) reported to INSTAT. Over the last three-year period, the official ratio reported to INSTAT has declined from 241 per 1,000 live births to 172 per 1,000, a 29% decrease (INSTAT, 2003).

In Romania and the countries of the Former Soviet Union that have conducted Reproductive Health Surveys or Demographic and Health Surveys, reporting of induced abortion by survey respondents has been close to, and in some cases, has exceeded official reporting. (CDC and MACRO, 2003). Only in the Czech Republic has there been severe underreporting of induced abortion by respondents as appears to be the case in Albania. It is estimated that respondents in the Czech survey only reported between 45% and 50% of induced abortions they underwent (Czech Statistical Office, et al., 1995).

There are three principal factors that may affect the underreporting of induced abortions, even in a country where they are

legal, by survey respondents: (1) underreporting of unwanted pregnancies that have a higher probability of being terminated by the voluntary interruption of the pregnancy (see next section of this chapter); (2) underreporting of clandestine abortions outside of the medical system; and (3) a tendency to declare induced abortions as spontaneous abortions or miscarriages (see next section of this chapter).

Both validity and reliability issues need to be examined with respect to abortion rates. Further analysis of the abortion rates obtained from this survey will be undertaken for the final report of the survey. Characteristics of women reporting induced vs. spontaneous abortions, along with the planning status of pregnancies, will help determine the quality of responses to the abortion questions. Outside sources will be consulted to shed light on possible social stigma associated with induced abortion that could influence responses.

Planning Status of the Last Pregnancy

For every pregnancy ended since January 1997, respondents were asked the planning status of their pregnancies at the time of conception. Each pregnancy was classified as either intended (wanted at the time it occurred), mistimed (occurring earlier than intended), unwanted (the respondent did not want any more children), or the respondent was unsure. Mistimed and unwanted pregnancies together constitute unintended pregnancies (Westoff, 1976).

Despite the underreporting of induced abortions, strongly associated with unwanted pregnancies, the results in Table 4 are useful for examining relative levels of the planning status of the last pregnancy among the various population subgroups. The first panel shows planning status by pregnancy outcome. The sharp differential between pregnancies ending in induced abortion and a live birth (or a current pregnancy) is obvious. Almost two-thirds (65%) of pregnancies ending in induced abortion were reported as unwanted compared with only 3% of current pregnancies and live births. Also, 11% of pregnancies ending in stillbirth, spontaneous abortion, or an ectopic pregnancy, were reported as unwanted, although the proportion would not be expected to be significantly higher than the 3% of live births reported as unwanted. This suggests that some women who experienced an induced abortion reported

their pregnancy outcome as a spontaneous abortion.

The proportion of unwanted pregnancies increases as age group and number of living children, two correlated variables, increase, reaching 28% for women with four or more living children and 21% for 35–44 year old women. Mistimed pregnancies are highest for young adults 15–24 years of age and women with no living children. No major differentials are seen by residence or by education.

A rough adjustment for the underreporting of abortions puts the percentage of unwanted pregnancies closer to 12% (one out every eight pregnancies) compared with the 7% shown in the table.

